PHYSICIANS should state

OCCUPA-

Jo

Exact statement

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex

TION is very important. See instructions on back of certificate.

B

STATE OF MARYLAND—CERTIFICATE OF DEATH 04053

1. PLACE OF DEATH	(15)
County Doubleto "IT BIR CORPOR	Registration Dist. No.
Village or City Cambridge med	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME William W. Ada	me
(a) Residence: No. 107 Willia	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Again Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. ALHEREBY CERTIFY. That I attended deceased from
(Or) Magine Smith	22. Ahrel 16 1032 to Ahrel 27 1032
6. DATE OF BIRTH (month, day, and year) LA 10. 1838	I last say him alive on AfreP/27 1922: death is said
7. AGE Years Months Oays If LESS than	to have occurred on the data stated above, at. 2
94 2 69 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	t Grenefelas Onto of one of
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was dona, as SILK MILL, Civil War Vulnurs SAW MILL, BANK, atc.	
TO Date deceased last worked at this occupation (month and yaar) spant in this occupation	
2 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	meinex 4.28
13. NAME W. Olemas 14. BIRTHPLACE (city or town)	Name of operation Date of
14. BIRTHPLACE (cfty or town)	What test confirmed diagnosis?
15. MAIDEN NAME Mess. Homes	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Merry Floring 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oata of Injury 19
∑ (State or country)	Where did Injury occur?
17. INFORMANT Ms Ella Cruffyn (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ticking ask me Date may 1, 1932	Nature of injury
19. UNDERTAKER Thank S. albayor	24. Was disease or injury in any way related to occupation of deceased? 200
(Address) Cambrida mol	If so, specify
20, FILED apr, 30, 1932 / 22, Waly	(Signed)
Registrar.	(Address) Received

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1 1932	July 5,1927	Peritonitis	3 days ago	
BURNAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
1 4				

		OZOJX
C SKE	PLACE OF DEATH STRIN SORPORATE LIMITS OF	STATE OF MARYLAND CERTIFICATE OF DEATH
LY, P	Village or City Zembridge (No. 2 Be	Registration Dist. No. // 6
ECORD I EXACTI	Village or City (No. 2 De 2FULL NAME Sufant (2	St.: Ward) St.: Ward) Ooffold Banks (If death occurred in a hospitel or institution, give lts NAME in stead of street and number.)
atecope cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
IA be strang by be property	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
A PERM CE should hat it may ons on b	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decessed from 192 to 192 that I lest saw has alive on 192 192 192 192 192 192 192 192 192 192
HIS IS mas so the Instruction	7 AGE If LESS than day hrs. or min.?	
RESERVE G INK-T ofully support of plain ter	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Durstion) yrs. mos. ds.
ADIN Se car	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Durstion) yts
MARH H UNF hould b OF DE s very	10 NAME OF FATHER Lemand Woodford	(Signed) foly march M. D.
TION SION SION I	OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
INLY, forma	of MOTHER Hattle Banks 13 BIRTHPLACE OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place
	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmosds. Where was disease contracted, if not at place of death?
Item S shou	(Informant) Jenus Woolford	Former or usual residence
Every CIANS	(Address) Cambridge Md.	Old Field-Churchleuf Upr, 30, 19 3 20 UN DERTAKER ADDRESS
Z T M	Filed (150). 7 192 2 Registrar If more blanks are needed, address State Registrar	Leonard Woolford Cambridge, S., 16 W. Seratoga St., Baito., Requesting V. S. No. 1.
		· · · · · · · · · · · · · · · · · · ·

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of er," etc., without more precise specification as a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc .: If the occupation has been changed gaged in domestic service for wages, as Servant, Cook report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic erebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need approved by Committee on as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature of the Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B.-WRITE PLATA

TION is very important.

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CAUSE OF mation shou

1	STATE 1. PLACE OF DEATH **TTER County Dorchester	OF	0.0	YLAND-	CERTIFICATE OF DEATH 04055
	Village or City Cambrid			(1	Registration Dist. No. II6 No. 203 Willis Street, St., Ward of death occurred in a horpital or institution, give its NAME instead of street and number)
:	2. FULL NAME Robert	, 01	iver	Booge.	sds. How long in U.S. If of foreign birth?yrsmosds.
	(a) Residence: No. 203 Wil		(Usual place		ge St., M.C. Ward. L. If nonresident give city or town and State
_	PERSONAL AND STATIS	TICAL	- PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
]	Male 4. COLOR OR RACE White	5. S 0	INGLE, MAR R DIVORCE Mari	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April 7th 193 2 (Yaar)
5a.	If married, widowed, or divorced HUSBAND of Annie V. (or) WIFE of	Mil	ls		22. I HEREBY CERTIFY, That Lettended deceased from 1932, to Africa 7, 1922
-	DATE OF BIRTH (month, day, and year)	I	I/I8/		I last sew h elive on April (1922, death is seid
7	AGE Years Months	1	Days I9	If LESS than I dey,	were as follows:
OCCUPATION	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc	N	spai	ime (yeers) nt in this X	Cerebral Haem ruberge Mario-
12.	BIRTHPLACE (city or town) Mar	yla	nd		Other Contributory Causes of Importance:
FATHER	(0000000)	ary	land		Name of operation
MOTHER	15. MAIDEN NAME Annie B 16. BIRTHPLACE (city or town) (State or country)		e yland		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mr. Ogle Booze. (Address) Cambridge, Md.,			(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18.	BURIAL, CREMATION, OR REMOVAL Place Lakesville,			/10/32.	Manner of Injury
	UNDERTAKER Granville (Address) Camb		Le Com ge, M		24. Wes disease or Injury In eny way related to occupation of decessed? If so, specify (Signed) Dr. 11 Three S. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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9.—The industry or business in which the work was done.

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. 11.—The number of years the deceased followed the occupation.

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	Example I		Example II		
The principal cause of importance were a Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAY 7 1932	July 5, 1927	Peritonitis	3 days ago	
	BURRAU V.S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

-WRITE PLAINLY; WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation shound be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
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STATE OF MARYLAND-CERTIFICATE OF DEATH

	SERVIN IONIE OF BENTIN
1. PLACE OF DEATH	Wa
county Dorchester	Registration Dist. No. 110
Village or City Mean L'ederalahring.	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ella Bramble	
(a) Residence: No. Tederal Stara, M. A. T. (Usual play of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Variety	21. DATE OF DEATH Olard 2 Ad 1982 (Year)
58. If married, widowed, or divorced HUSBAND of Shed, J. Branble,	22. I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, and year) War. 1H" 1873	Alast saw hs. Y alive on and 1932 death is said
7. AGE Years Months Days If LESS than	To have occurred on the date stated above, at 9-1.5-P.m.
59 - 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc	Jenes Elminica
Work was done as SILK MILL	91111
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) - corupation - corupa	Triffica
12. BIRTHPLACE (city or town) Eldorado,	Other Contributory Causer of importance: Bunelo Induma
(State or country)	17 10 day dinatur
13. NAME Sommel Tibler.	
4 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME No data	23. Il death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Fred. J. Bramble.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Siederal Fring And R. J. 18. BURIAL, GREMATION, OR REMOVAL	
Place the der abourg trid Dete Mr. 5", 19.35	Manner of injuryNature of injury
19. UNDERTAKER Sitirauntons & Son, (Addiess) Tederal Spara Mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILED april 4, 1932 Rolet L. Flastings	(Signed) (Si
Registrar.	(Ardress) Traulaus ling, man

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 6 1932	July 5, 1927	Peritonitis	3 days ago	
	BURGAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

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MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R.	ddns
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V. S. No. 1 N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04057
1. PLACE OF DEATH	93
County Darchetter Constant	Registration Dist. No.
Village Dr City Cambridge	ND. Stanburn and St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence In city or town where death occurredyrs,mos.	
2. FULL NAME Robins trunk Brun	mork.
(a) Residence: No. Ilenburn ane.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCE (variet the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	(month) (bay) (lear)
HUSBAND OF COLOR COLOR WIFE OF COLOR	1 HEREBY CERTIFY, That I attended deceased Irom 1932, to Carle F , 1932
6. DATE OF BIRTH (month, day, and year) CALL 19 1859	I last saw have alive on africe 5 , 19 3 2; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 11.50 Am.
72 // 25 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as Iollows:
8 Trade profession or particular	Hypertensia Carolio - Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc.	Vocales dream
Kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ID, Date daceased last worked at this occupation (month and	
SAW MILL, BANK, etc.	acute dilitation of heart 4/9/32
D Date daceased last worked at this occupation (month and year)	
) year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Whi Domwih 14. BIRTHPLACE (city or town)	04 04
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? How Was there an aulopsy? How
15. MAIDEN NAME Provider A. There	23. II death was dua to external causes (VIOLENCE) fill In also the Iollowing:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Stata or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFDRMANT (Address) Cambachs and	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Cambridge Date Mile! 1932	Natura of injury
19. UNDERTAKER Trank E. albang	24. Was diseasa or injury in any way related to occupation of deceased? 200
(Address) Namhaly m.	II so, specify
20 FILED apr. 11 19 32 Epiloss	(Signed) John Mace J. M. D.
Registrar.	(Address) Cambrill Ma.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
BURRAU V.S.				
Other contributory causes of importance:	90000	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1932-45 9 123

N. B.-

mation should be carefully supplied.

CTATE	OF	MADVI	AND.	CEDTII	FICATE	OF	DEAT	LL
SIAIL	UF	MARYL	AND-	-CERIII	FICAIL	UL	DEAL	П

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Ì	4	U	U	0

1. PLACE OF DEATH	<u></u>
county Swchesting	Registration Dist. No. // 6
Village or City Cambinly	No. Mulumity Hafst - St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME That Cas	n best
Oc. 1. D. Mad.	St., Ward,
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH apl 7 (Pay) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
Chill of Berry (month day and month (haliful) 7 1035.	I last saw K in the on Oaml 4/7 , 1932 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at () 4 m.
all sturbon 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of Importance
T 8 Trada profession or particular	Were es follows:
9. Industry or business in which	
work was done, as SIŁK MILL, SAW MILL, BANK, etc	
0. Date deceased last worked at this occupation (month and year)	
Maal 1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
E Mad 1	Name of operation. Data of
14. BIRTHPLACE (city or town)	Name of operation
# 15, MAIDEN NAME TWO. Downstor	23. If death was due to external causes (VIOLENCE) fill in also the following:
15, MAIOEN NAME THE CONTROL OF THE CONTROL OF CONTROL O	Accident, suicide, or homicida? Date of injury19
State or country)	Where did injury occur?
17. INFORMANT Cause	(Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
FR. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Vienna, Maryland Date Upril 8, 1932	Nature of injury
fo. UNDERTAKER James A. Camper	24. Was disaasa or injury in any way related to occupation of deceased?
(Addiess) Vienna, Maryland.	If so, specify
20. FILEO OKV. 8. 1932 EEWalf	(Signed) M. D.
20. FILEO CASO CO., 19 Co. 19	(Address) Cambridge Mile

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAY 7 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

stated EXACTLY. PHYSICIANS should state of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement properly classified.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE OF	DEATH				97	950
	County	Dorchester Co	ounty			Registration Dist. No.	~~
	Village or Cit					ND. Eastern Shore State Hospitalt, death occurred in a horpital or institution, give its NAME instead of street and	
	Length of resid	ence in city or town whera	death occurre	dyrs,	mos.	2ds. How long in U.S. if of foreign birth?yrsm	osds.
2	2. FULL NAM	ne Ezilda	Canno	n			
	(a) Residenc	e: No. Seafor	d, Del	aware		St., Ward. If nonresident give city or town and	State
	PERSON	AL AND STATIST	ICAL PA	RTICULARS		MEDICAL CERTIFICATE OF DEATH	
3.	sex Female	4. COLOR OR RACE White	OR DIV	MARRIED, WIDOWI ORCED (write the wo		21. DATE OF DEATH April 16, (Month) (Day)	, 19832 (Year)
5a.	If married, widowe	d, or divorced					
	HUSBAND of (or) WIFE ot	Samuel E.	Cannor	1		22. I HEREBY CERTIFY, That I attended April 7, 19 32, to April 16,	19.32
6.	DATE OF BIRTH (month, day, and year) No	ovember	26, 1864		I last saw h_Gr aliva on April 16,, 19.32	; daath is said
7.	AGE Yaar	s Months	Day	If LESS t		to have occurred on the date stated above, at 4 P	
	6	7 4	20	ormi		Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	9. Industry or b work was SAW MILL 10. Data daceasa this occup	sion, or particular ork dona, as SPINNER, BOOKKEEPER, etc	Hou sewo			Cerebral arterio-sclerosis Dther Contributory Causes of Importance:	Ahout 1 yr. ago
12	. BIRTHPLACE (city	y or town) Reliand	ce and			Differ Countratory Courses of Importance.	
8	13. NAME	John Henry	Lanki	ford			
FATHER	14. BIRTHPLACE (State or	(city or town) Relicountry) Mar	ance			Name of operation Date of What test confirmed diagnosis? Was there an	autopsy? NO
ER	15. MAIDEN NAM	ME Ellen	Tull			23. If death was dua to external causes (VIDLENCE) fill in also tha following	
MOTHER	16. BIRTHPLACE (State or	(city or town)_Qinci: country)	nnati Ohio	• • • • • • • • • • • • • • • • • • • •		Accident, suicide, or homicida? Data of Injury Whera did injury occur?	
17	. INFDRMANT (Address)	E.S.S.Hospi Cambridge		eo.rds		(Specify city or town, county and Sta Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PL	
18	BURIAL, CREMA			April 18, 19	932	Mannar of injury	
19	, UNDERTAKER	A Frank	Poer	HIS00	2	24. Was disease or injury in any way related to occupation of deceased?	Vo
20	. FILED Cypric	7.16,1932	8.8	Coff Regist	rar.	(Signed) Cambridge, Mary Ind	M. D.
		If mor	e blanks are ne	eded, address State Re	gistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

B.—WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED!	1915	Attack of epilepsy	1 week ago
Chronie interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 17	July 5, 1927	Peritonitis	3 days ago
	RYTESALETIC			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

TION is very important.

-WRITE PLANU

V. S. No. 1 Мİ ż

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF					II-a.	
	County Do	orch	ester			Registration Dist. No	0
	Village or City	Ne	ar Will	iamsbur		NoSt.,	
						death occurred in a horpital or institution, give its NAME instead of street a	
						ds. How long In U.S. if of foralgn birth?yrs	mosas.
2	. FULL NAM						
	(a) Residence	: No	William	(Usual place	Md.R.F.D.	St., Ward. If nonresident give city or town	and State
	PERSONA	LAN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATI	H
3, 5	Female		R OR RACE	OR DIVORCE	RIFD, WIOOWED, D (write the word)	21. DATE OF DEATH April, IOth. (Month) (Oay)	, 193 ² (Yaar)
5a.	If married, widowad						
	(or) WIFE of	Fr	rank H.	Cannon.		22. HEREBY CERTIFY, That I attend	
						1/1	
-	DATE OF BIRTH (m		1		7th. 1857	to have occurred on the date stated above, at 8 m.	2.2 death is said
7. 1	AGE Years		Months	Oays	If LESS than	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
	7.	4	6	23	ormin.	were as follows:	Date of onset
Z	8. Trada, professi	ion, or park done.	rticular as SPINNER.	Housewe	ank	P	
OCCUPATION			as SPINNER, PER, etc	House	31 W	Tobox Onemoura	J
JPA.	9. Industry or bu	ione, as S	ILK MILL.				
CC	SAW MILL, 10. Date deceased			II Total I	tima (years)		
ŏ	this occupa	tion (mo	nth and	Sp.3	nt in this		
_	74017				-	Other Contributory Causes of Importanca:	
12.	BIRTHPLACE (city			lester (
_	(State or count			aryland	•	allunga	
FATHER	13. NAME	ر ا	ohn Bowd		- 0 -	1 0	
ATH	14. BIRTHPLACE (city or to	wn)	cheste		Nama of operation	of
-	(State or c		Ma	aryland	•	What test confirmed diagnosis? Was thera	an au opsy?
MOTHER	15. MAIDEN NAM	E	Elizat	eth Gr	iffith,	23. If death was dua to external causas (VIOLENCE) fill in also tha folio	wing:
HIC	16. BIRTHPLACE (city or to	wn) Do	orchest	er Co.	Accident, suicide, or homicide? Data of injury	, 19
X	(Stata or o			Maryla	and.	Whera did injury occur?	
	1415004114	End	s Canno	on.		(Specify city or town, county and Spacify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC	State)
17.	(Address)				I. R.P.D.		
18.	BURIAL, CREMATIC	N, OR R	EMOVAL			Manner of Injury	
	Place Fod	era	lsburg,	Moate. Ap	r.13 ,19 32	Natura of injury	
		* (n Decem		0.00	24. Was disease or injury In any way related to occupation of dacaased	2
19.	UNDERTAKER		ede rals			If so, specify	
	(1.01.033)	in	0 1	1 -9 41	4	(Signed) Moder Museus	M D
20.	FILEO Office	13,	1932 Kol	t.d. tha	Registrar.	(Address) August M. The	J
	,		1.0		Registrat.	(Williess) The restrict Care	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: **Arteriosclerosis**	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis • "	3 days ago
BELLEVIS.		• 11 15 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Little Charles Land Control of the C		6	
Other contributory causes of importance:	1245	Other contributory causes of importance:	21 25 126
Gallstones	May 1,1923	Gastroenteritis	1 year
		THE RESERVE OF THE PROPERTY OF	4

N. B.—WRITE WAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	04061
County De Co, M WATER OWN	Registration Dist. No. //6
Village or City Cambredge	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,m	os. ds. How long In U. S. if of foreign birth?yrsmos ds.
2. FULL NAME Sarah Cephas	
(a) Residence: No. Cambridge M.S.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (augie the word)	21. DATE OF DEATH
Della Cocores Deugke	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	12. HEREBY CERTIFY That I attended designed from
7/6	9100
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last/saw h. Mive on 4 1 1 19 3 reath is sald
I day,hrs	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	1 donound 106.
SAWYER, BOOKKEEPER, etc. Survey of business in which	Tour Tour
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Menny of
0 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Qambudge	Other Contributory Causes of Importance:
(State or country) Mary Glass	100
II 13. NAME Stansbury Jenking	6/3
14. BIRTHPLACE (city or town) A Color	Name of operation. Date of the control of the contr
(State or country)	What test confirmed diagnosis? De Was there an autopsy
# 15. MAIDEN NAME Lelia Ceffor	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
E 10 10 h	Accident, sulcide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
Sura Pisand	(Specify city or town, county and State) Specify whether injury occurred Ip-INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT August Charles	Specify whether injury occurred in the book in the object PEACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Walch Cemeler Date Ufg 8 , 19.32	Nature of injury
Nh Hoto	
19. UNDERTAKER (Address) 304 Meier Dt Cuntuspie Mil	24. Was disease or injury in eny way related to occupation of deceased?
61 8 32 5 8 2 1 00	If so, specify (Signed)
20. FILED Upr. 8, 19 32 Z & Wolff Registrar.	(Address)
If more blanks are needed, address State Remistra	

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	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECTIVE	1915	Attack of epilepsy	1 week ogo
Chronic interstitial neph	ritis	: 1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 7 1500	July 5,1927	Peritonitis	3 days ago
	Language			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gostroenteritis	1 year

BINDIN

RESERVED

MARGIN

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Chronic interstitial nephritis	1921	Run over by street car AYTHAR	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		SEM & YAM	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B. OCCUPATION

MOTHER | FATHER |

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	923
County as reliester " THIN OOK	Registration Dist. No. //6
Village or City auchilage	NoSt.,Ward
71 (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Milford frauklin	reighton
(a) Residence: No. 1070 William	St., Ward.
(Usual place of abode)	If uonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH'
Male Dute GR DIVORCED (worke the word)	Clysy 0 , 193 t
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO OF COOK WIFE OF COOK WI	22. 1 1 HEREBY CERTIFY That I attended decreed from
Cla adams reignin	(10 10 10 7 10 flugt 6 1/1932
6. DATE OF BIRTH (month, day, and year) abr 14-1862	Plast saw have elive on April 6 116 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	were a lodows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	from an our
9. Industry or business in which	Mest
work was done, as SILK MILL, SAW MILL, BANK, etc	1/32
10. Oate deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
AND DIRECTION OF COMMENT AND A COMMENT OF CO	Other Contributory Causes of Importance
12. BIRTHPLACE (city or town) (State or country)	William of Just of the
13. NAME Volume (1) Ordinalitan	The state of the s
14. BIRTHPLASE (city or town) Maryland	1500 11702
(State or country)	Name of operation.
(State of country)	What test confirmed diagnosis? Was therefore The way the confirmed diagnosis?
16. BIRTHPLACE (city or town)	23. If death wes due to external courses (VIOL ENCE) fill In also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury
State or country)	Where did Injury occur?
17. INFORMANT Mrs. Millord Creighton	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address) Cambridge Ms.	More
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Cambridge Date Upw 10, 1937	Nature of Injury / Dank
Track & alband	24. Was disease or injury is any way related to occupation of deceased?
19. UNOERTAKER (Address) (Address)	If so, specify A SD VAS
61. 15. 22 SALVEST	(Signed) ATO Care to COLD M. D.
20. FILED USA 193 L Registrar.	(Address) Carry A. L.
Registrar.	(110 utous)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	or o	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
50 AMA U. V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
	OF ACE	. ()16	T. O TO T TITUTE	MITTER TRANSPORT	A.P.A.	T TT T MAY AVEL A

MARGIN RESERVED FOR BINDING

11111CA

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Dalchester Co "IT NOW	Registration Dist. No. 116
Village or City Camberdal and	No. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence is city or town where death occurred yrs.	ds. How long In U. S. if of foreign birth? yrs mos ds.
2. FULL NAME / Valle frames	gall
(a) Residence: No. [40 Mach all all all all all all all all all al	USUL 2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word)	21. DATE OF DEATH OF LA
5a married; widowed, or divorced HUSBANO of	(Monyf) (Day) (Year)
(or) WIFE of Mirke	22. I HEREST CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h W alive on fait 17 th, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as addings.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chow Byleto Deteriornet
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Jai
10. Data deceased last worked et this occupation (month end spant in this 25 year)	2 Chief
tz. BIRTHPLACE (city or town). Much	Other Contributory Chuses of importance:
(State or country)	decerce, 1932
13. NAME William Racian	Marsh 15/32.
14. BIRTHPLACE (city or town)	Name of operation. Date of the Date of the re
(State or country) Louis (State or country)	What test confirmed diagnosis? Was there an autopsyd 22
15. MAIDEN NAME Wont ferou	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Lant Prou	Accident, suicide, or homicides Dato of Injury Date of Injury
(State or country)	Where did injury occur? (Specify city or lown, county and State)
17. INFORMANT Glough More follow	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Burial Contints abril 3 1022	Manner of Injury Of Bull
Cl 1110	Nature of injury 8000
19. UNDERTAKER Lluis & W. Scynly	24. Was disease or injury in any way related to occupation of degasted D ~ Cl
(Address) Cambus della and	If so, specify
20 FUED 1 10 AU 13 10.32	(Signed)

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. Mo. 1

B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—'The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis and age	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

if more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine. etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary faremen, etc. But the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer or given up on account of the DISEASE CAUSING DESTIE Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servent, Cook, to report specifically the occupations of persons ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on who are engaged in the duties of the OH-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Mcastes (disease mges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of mont of cause of death approved by Committee on e.m. train Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal scpticacmia," "Puerperal peritonitis," discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the Phisohed by carbolic acid-probably sutcide. The nahend of "contributory." (Recommendations on state--accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS State MILANS OF INJURY the injury, as fracture of skull, and conse-"Debility" ("Congenital," "Senile," etc.), Chronic valvular heart discase; Mcastes; (second-(merely etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondance. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

04066

1. PLACE OF DEATH	(/3/)
County Duchestu WITHIN WORDERATE &	Registration Dist. No. 116
Village or City Cambudge	ND. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U. S. If of foreign birth?yrsds.
2. FULL NAME Levinia Davis	
(a) Residence: Np. 2 1 Washington (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I dey, hrs. or min. 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	1 HEREBY CERTIFY. That I attended deceased from 1932, to 22, 1932 I last saw h. alive on 2, 1932; death is said to have occurred on the date stated above, at 110 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importanco were as follows: Observed Date of onset
Rind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Other Contributory Causes of importance: 4-16:32
13. NAME / Cephas 14. BIRTHPLACE (city or town) State or country) 15. MAIDEN NAME And (P)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL	Accident, suicide, or homicide?
Place Bucsetown Md. Date april 26, 1937	Manner of Injury
20. FILED april 26, 19 32 Eswolf Registrar.	(Signed) Canal West Claum M. D. (Address) Canal Age M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NU SEAT V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

MARGIN RESERVED

INK---THIS FOR

			113
Registration	Dist.	No	1

00 00	PLACE OF DEATH	CERTIFICATE OF REASIL
EX	Horolester	CERTIFICATE OF DEATH
0 :	County County	Registration Dist. No.
Fig.		Accesses to the second
Tiss	Village or City Secretary (No	St.; Ward) If death occurred in
A C	5/ A-P	a hospital or institu- ion, give its NAME in-
NO E	Howard d.	Weeked ion, give its NAME in- tend of street and mamber.)
pod	2 FULL NAME	/
rop	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
000	3 SEX 1 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
d d X	MARKIED, Market	(Mouth) (Day) (Year)
ay	Male White the word)	17 I HEREBY CERTIFY, That I attended the deceased from
20 20	6 DATE OF BIRTH	11, 32 1/15- 32
t it	64. L. T 999	192, to
on on	7 Pr J 1.889	that I last saw h the alive on
A to	(Month) (Day) (Year)	and that death occurred on the date stated above, at
Back	7 AGE	The CAUSE OF DEATH & was as follows:
nsi nsi	43 7 1 day hrs.	Chrome Duler stell of replanetes
nipp nipp		The state of the s
See See	8 OCCUPATION (a) Trade, profession or	
~	particular kind of work.	***************************************
pla ant.	(b) General nature of industry business, or establishment in	(Duration)yra
In	which employed or (employer)	Contributory
TH	9 BIRTHPLACE (State or country)	Secondary
04	(State of Country)	(Duration)yrs,mos, ds,
uld DE/	10 NAME OR 10	(Signed) Sloger Mules M.D.
DF S V	FATHER LEO Rukes	11. 1 37 A Husbares no
S FI S	0 11 BIRTHPLACE C	
US 10	OF FATHER (State or country)	Violent Causes, state (1) Means of Injury: and (2) whether
ATA	2 12 MAIDEN NAME	Accidental, Sulcidal or Foundatal
E o D	a OF MOTHER Lucy Stevens	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens- ients, or Recent Residents)
Cata	13 BIRTHPLACE	At place In the
000	(State or country) Marie land	of death yrs mos da. State,yrsmos da.
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
SH	Mrs Howard Weekens	Former or usual residence.
3 5	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every Clan states	(Address) Secretary 50	O 08 Me lo A al Ilil
Eve Cel.	(Aeoress)	oast hew Market april 41935
1	Filed apr. 14 122 N.E. Parker	20 UNDERTAKER ADDRESS
9	Registrar	H H. Willoughly & n. Warlast
- 1 /		111111090

wore blanks are needed, address State Registrar, 16 W. Saratoga St., Raito., Regulsting V. S

(Approved by U. S. Census and Amerlean Public Health Association.)

er," etc., without more precise speelfication as Day laborer, Farm laborer, Laborer-Coal nine, etc. Women at home, who are engaged in the dutles of the work, or At Home, and children, not gainfully employed, as 41 vehool or 4t home. Care should be taken to report specifically the occupations of persons en-Housenuid, etc. If the occupation has been changed state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (refired 6 yrs.). For persons who have no occupation tion applies to each and every person, irrespective of sary to know (a) the kind of work and also (b) the additional line is provided for the latter statement; it The material Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housegaged in domestic service for wages, as Servant, Cook, or given up on account of the disease causing DEATH, fulness of various pursuits can be known. The ques-For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect. Locomotive engineer, Givil engineer, Stationary firemen, etc. But in many cases, specially lu industrial employments, it is necesnature of the business or industry, and therefore an should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; worked on may form part of the second statement. Statement of Occupation-Precise statement of oeeupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. whatever, write None.

Startment of Cause of Death—Name, first, the bishese causing death—state causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typkoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

vulsions," "Debillty" ("Congenital," "Senile," etc.), as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The naquences (e. g., sepsis, tetanus) may be stated under the ment of cause of death approved by Committee on niges, peritonacum, etc., Carcinoma, Sarcoma, etc., of rhage," "Inanltion." "Marasmus," "Old Age," "Shock," "Uracmia," "Weakquess," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as State eause for which surgical operation was undertaken. For violent deaths state arrans of injury and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF ture of the injury, as fracture of skull, and consehead of "contributory." (Recommendations on stateuse of "Tumor" for mallgnant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory affection need not be stated unless important. Example: Measles (disease ary), 10 ds. Never report mere symptoms or terminal such as "Asthenia," "Anaemia" (merely symptomatle), "Atrophy," "Collapse," "Coma," "Con-"Dropsy," "Exhaustion," "Heart failure," "Haemor-"PUERPERAL Septicuemia," "PUERPERAL peritonitis," etc. unqualified, is indefinite); Tuberculosis of lungs, men-Nomenelature of the American Medical Association.) causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) conditions.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

. S. No. 1

	2FU	LL NAME	Jem	ima	Fox	well.	
	PERSON	NAL AND S	TATISTI	CAL P	ARTIC	ULARS	
3 5	ex emale	Whit		OR D	RIED, WONCE OVED, OVED, OVER CE		•
6 D	ATE OF BIR		uary (Month)		5th.	., 1 87	
7 A	GE	60 yre.	72		•	If LESS th	
(p)(l)	b) General r	rofession or ad of work nature of indu	Ho istry	usev	vife.		
() () "	a) Trade, prarticular kir b) General r usiness, or e which employ	rofession or rofession or and of work nature of indu- establishment yed or (emplo- suntry)	HO istry in yer)	usev	vife.		
() () "	a) Trade, prarticular kir b) General r usiness, or e which employ	rofession or rofession or and of work nature of indu- establishment yed or (emplo- country)	HO istry in yer)	Hous	vife.		
STN STN	a) Trade, prarticular kirb) General rusiness, or exhich employed (State or control of the contro	rofession or and of work	Houstry in yer)	Hous Tyle	wife.		
ARENTS	a) Trade, prarticular kirb) General rusiness, or exhibit employed (State or control of the contr	rofession or and of work	Houstry in yer)	House Tyle Day	wife.	·k.	
PARENTS	a) Trade, practicular kir b) General r usiness, or exhich employ BIRTHPLACE (State or control of the control of	rofession or and of work	Houstry in yer)	House Tyle Day Tyle	wife. sewor and. ton. and. Ewell and.	ek.	

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 112.

St.: Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE	OF DEATH
April 11th.	,1932., 192 (Day) (Year)
pril 11th., 1932 to Ap	ril 11th., 1932
and that death occured on the date state	
The CAUSE OF DEATH * was as follows: Appoplexy.	
(Duration)	ll hrs.
Contributory Secondary (Signed) Contributory Secondary Durting)	Saukun,
pril 12th, 1932 V	ienna, Md.
*State the Discase Causing Deat Violent Caus s, state (1) Means of Accidental, Suicidal or Homicidal.	h, or, in deaths from Injury and (2) whether
ients or Recent Residents)	pitals, Institutions, Tran
At place In to Soft deathyrsmosds.	he tateyrsmosd
Where was disease contracted, if not at place of death?	
Former or usual resideace	
Elliott's, Md.	April 13"193
20 UNDERTAKER Willoughby & Son.	ADDRESS E. N. Market. Me

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; if fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, er," et:., without more precise specification as Day worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farirer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, Foreman, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. Laborer-Coal mine, etc. Wom-Locomotive engineer, The (b) material Grocery;

Statement of Cause of Death—Name, first, the Dispease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrosphal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) telanus) may be stated under the head of "contributory" approved by Committee on Nomenclature taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL perilonitis," diseases resulting from childhirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, causing death), 29 ds.; Bronchopmeumonia (secondary), use of "Tumor" for malignant neoplasms) : Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions," Chronic Example: Measles (disease etc. valimilar heart The contributory Always qualify all not disease; etc., of of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A Ithe data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

04069

1. PLACE OF DEATH			- Ba		
County Down	utes "	HIN CORPORAT	Registration Dist. No	0.116	
Village or City Can	hady ?	W.C. (If	No. death occurred in a hospital or institution, give its NAME instead	of street and number)	
Length of residence In city or town	where death/occurred	yrsmos	ds. How long in U.S. If of foreign birth?yr	sds.	
2. FULL NAME Ins	· Elsie B	Trans			
(a) Residence: NoCon_	Prout Sh (Usualplace		St., Ward. If nonresident give city	or town and State	
PERSONAL AND STA	TISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF I	DEATH	
3. SEX 4. COLOR OR RAY 5a. If married, widowed, or divorced		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH (Month) (De	3 ay) (Year)	
(or) WIFE of C.	etin Gr	ay	22. I HEREBY CERTIFY, Tha	t I attended deceased from	
6. DATE OF BIRTH (month, day, and year	, Jul 21, 19	0/1	I last saw here alive on affine 12	, 1932; death is said	
7. AGE Years Mon	nths Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of imp		
3 ()	122	ormin.	were as follows:	Date of onset	
8. Trade, profession, or particular kind of work done, as SPINN SAWYER, BODKKEEPER, etc	ER, Amsur	fu	Influenzal Pneumonia	Gp 732	
kind of work done, as SPINN SAWYER, BODKKEEPER, etc 9 industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (most) and	-, /	y 			
O 10. Date deceased last worked at this occupation (month and year)	sper	me (years) it in this ipation			
12. BIRTHPLACE (city or town)	and		Dther Contributory Canses of importance:	apr 1/32	
(State or country)	201	/			
13. NAME 14. BIRTHPLACE (city or town)	C. Han	u,			
14. BIRTHPLACE (city or town)	m		Name of operation Date of		
(State of Equatry)	21	,	What test confirmed diagnosis?V		
15. MAIDEN NAME Elec	r Di	ns.	23. If death was due to external causes (VIDL ENCE) fill in also		
[6. BIRTHPLACE (city or town)	md		Accident, suicide, or homicide? Date of I	лјигу, 19	
17. INFORMANT Pells (Address)	m Gray	-:/	Where did Injury occur? (Specify city or town, constitution of Specify whether injury occurred in INDUSTRY, in HOME, or I		
18. BURIAL, CREMATION, OR REMOVAL	In Date Opin	115 1832	Manner of injury	•	
19. UNDERTAKER (Address)	h & lal	hayfe	24. Was disease or injury In any way related to occupation of	deceased? ho	
20. FILED apr 14, 1932	Ellowp	Registrar.	(Signed) Ekwaly (Address) Panhidge	Ind M.D.	
		acegistiai.	(Indiana) and a feet and a consequence of a con-		

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee." "worker." "operative." etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ż

STATE OF MARYLAND-CERTIFICATE OF DEATH

04070

1. PLACE OF DEATH			
County Downesly	Registration Dist. No. 115		
Village or City Dislung Creek,	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of rasidence in city or town where death occurredyrsmos.	death occurred in a normal of manual in, give its IVAIVE maked of steet and number of the death occurred in a normal of manual in a normal		
2. FULL NAME Still Som Hall			
(a) Residence: No.	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded decaased from		
6. DATE OF BIRTH (month, day, and year) While 4-1932	I last saw Dullaine on Sun 4 , 193 Z; death is said		
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 8m.		
Sull & or 1 day, hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and yaar)	Hyderidiform mole Grow West Gest: Diher Contributory Canses of Importance:		
0. 1. 00.00			
13. NAME Come Wicklelland Hall 14. BIRTHPLACE (city or town) Fishing Creek (State or country)	Name of operation		
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) Trailing (Address)	23. If death was due to axternal causes (VIDLENCE) fill In also tha following: Accidant, suicide, or homicide?		
18. BURIAL, CREMATION, OR REMOVAL Place Tislam of Creek, Date Christ 4, 1932	Manner of Injury Nature of Injury 24. Was discount or Injury In any way related to occupation of deceased?		
19. UNDERTAKER Elmer In . Hall (Addrass) Fishing reels, ma	If so, specify		
20. FILED Cipie 4, 1932 James D. Meacle	(Signed) Carrers W. M. O. (Address) & islams Ceck, had		

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

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Example I	1	Example II		
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUEZAU V S	t .			
Other contributory causes of importance:	May 1, 1923	Other contributory causes of importance:	1 year	
	<i>y</i> 1			

ADDITIONAL STACE I	FOR FURTHER STATEM	DIVIS DI TITISTOI	

PLACE OF DEATH County Lakes ello ked. Dr	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. // +
Village or City Laterille, (No	St.: Ward) (If death occurred I a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR, DIVORCED (Write-the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
may 12, 1800	Tet 193 x to leas \$4, 193 -
(Month) (Day) (Year)	that I last saw hos alive on april 192
7 AGE [ILESS than I day hrs. or min.?] The state of t	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Chronic map britts. Cus 25 87
(b) General nature of industry Eusiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. mos de
10 NAME OF FATHER LEVEL HOLD	(Signed) M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER (deline Alam	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmos,ds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Elmer Hart	Former or usual residence
(Address) Breen Jud	Hesley Cemetery Chris 11. 193
Filed April 10 1932 Mrs W. Church	S. S. Le compte Cambridge

If mere bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant Course to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully em-For many occupations a yrs. For persons who have no occupation Farm laborer, without more precise specification as Day Laborer-Coal mine, etc. Womsingle word or term on (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphlheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Eronchopneumonia ("Pneumonia,"

as fracture of skull, and consequences (e.g., sepsis, Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Ethaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," eausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railroay train-(secondary "Atrophy," "Collapse, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular heart disease; ," "Coma," "Convulsions, etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Addrass)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	A. C.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		NagAtta 238	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLAINLY

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1PLACE OF DEATH	STATE OF MARYLAND
County Borohester	CERTIFICATE OF DEATH
County	Registration Dist. No. // Z
Village or City Vienna (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Stood of Jo	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Solor OR RACE SINGLE, MARRIED. WIDOWED. MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 2 , 1932
6 DATE OF BIRTH GAL 25th 1880	Saw mysoffed afril 2 , 1952
(Month) (Day) (Year)	that I last saw harislive on Chiel 2 , 19252
7 AGE If LESS than I day hrs. ds. or min.	and that death occurred on the date stated above, at 12 MCC ni. The CAUSE OF DEATH * was as follows:
occupation (a) Trade, profession or Harmer particular kind of work	Influenza
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF Show Baltimore	(Signed) S. Frazier M. D. M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Melia Stewart	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) How 10 allemone	19 PLACE OF BURIAL OR REMOVAL DAJE OF BURIAL
(Address) Vienna	Turna april 5, 1932
15 Filed april 2 19232 Elizabeth braft	20 UNDERTAKER Cloughly Hurlog k
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the laborer, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material Architect, Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted tern for the same disease. Examples: *Cerebrospinal* fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) telante) may be stated under the head of "contributory." Recommendations on statement of cause of stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproyed by Committee on accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal scoticaemia," "Puerperal perilonilis," etc. ", Exhaustion," (secondary or intercurrent) affection need not be Whooping as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart disease; etc. The contributory Nomenclature etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

See instructions on back of certificate.

of DEATH in plain terms, so that it may be ould be carefully supplied. AGE should be

very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

04074

1. PLACE OF DEATH		1070		2.	1
County Doubester	M DORPORATE LIBITS 07		Registration Dist.	. No. //	6
Village or City Cambrid	12	No.		St., -	Ward
Length of residenco In city or town where dea		death occurred in a hospital or institute			
2. FULL NAME They I	er Ette L	ant			
(a) Residence: No. 47 /R	(Usual place of abode)	St., Ward.	If nonresident give	city or town and	State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CE	ERTIFICATE OF	F DEATH	
3. SEX 4. COLOR OR RACE 5	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month)	2 6 (Day)	, 193 (Year)
5a. Il married, widowed, or divorced HUSBAND of (or) WIFE of	ð	22. I HEREBY	CERTIFY,		deceesed from
6. DATE OF BIRTH (month, day, and year)	Fay 9 1931	I last saw h elive on	10-6-1-0-	, 19	; death is satd
7. AGE Years Months	Days If LESS than	to have occurred on the date stated	d above, at 2:25	am.	
11	/7 1 day,hrs.	The PRINCIPAL CAUSE OF DEAT	H and related causes of	Importance	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	m	Bunchon	minmo	<u> </u>	4.20.37
9. Industry or business in which work was done, as SILK MILL,			77,		
SAW MILL, BANK, etc	11 Total time (vees)	man	est w	uned	
this occupation (month and year)	11. Total time (years) spant in this occupation	A			
t2. BIRTHPLACE (city or town). (State or country)	indge	Other Contributory Canson of Impor	rtance:		
13, NAME	1				
13. NAME 14. BIRTHPLACE (city or town)	Pain baland	Name of operation		Date of	
(State or country)	to la ma	What test confirmed diagnosis?	History		utonsy?
15. MAIDEN NAME / Sattie	Comper	23. If deeth was due to externat caus			
15. MAIDEN NAME Atti	Inder	Accident, suicide, or homicide?	Date	of injury	, 19
E (State or country)	0	Where did Injury occur?			
17. INFORMANT Asthi San (Address) 47 Robin S	+ Cant med	Specify whether injury occurred In	(Specify city or town INDUSTRY, In HOME,	or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, DR REMOVAL		Manner of injury			
Place Buthel Cemetery	Date Upril 28, 1932	Neture of injury	~~~~~	****************	
19. UNDERTAKER Lyvis Bar (Address) Cambridge	mem e md.	24. Was disease or injury in any wa	y related to occupation	of deceased?.	mer.
20. FILED april 28, 1932	Erwell Registrar.	(Signed) (Address)	of manage	- Clar	M. D.
If more bla		2418 N. Charles Street, Baltimore, Req	questing U. S. No. 1.		+

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nep		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RECEIVED	July 5, 1927	Peritonitis	3 days ago
	MAY 7 1000			
Other contributory c	auses of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04075
1. PLACE OF DEATH	93-c)
county Sarchester	Designation Diet No. // Ce
9 1	Registration Dist, No.
Village or City Daniel (If	death occurred in a horpital or institution, give its NAME instead of street and number)
	death occurred in a normal of manifolion, give its NAME instead of freet and number) ———————————————————————————————————
2. FULL NAME Unil Letates	
(a) Residence: No. Salisting - And	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, endivorced HUSBAND of	
(or) WIFE of James Le Takes	1 HEREBY CERTIFY That 1 attended deceased from 2 march 28, 1932 to april 2 md, 1932
6. DATE OF BIRTH (month, dey, and year) april 1-1859	I lest saw h_ LT elive on April 2 find, 193 2 ; death Is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at_ 1, 13, 4_m.
7 2 A 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8. Trade, profession, or particular	were as follows:
8. Trace, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Berebralarterio-selerare 1927
9 Industry or business in which	green arrest sucressive 17 d 1
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (yeers)	
this occupation (month and spant in this year) occupation	
0-15-11-11	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	A Total
1 0 0 1	foronce my ocoracies 1722
I 13. NAME	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Emily Sylvan	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
Q 16. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur?
Et Pult Dag	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Pasting Pem Date Lave 4 V19 32	
0.100	Nature of injury
19. UNDERTAKER W. Marylly Dr.	24. Was disease or injury In any way related to occupation of deceased?
(Address) Delman Det I	If so, specify (()
20. FILED Ceper. 2, 1932 E. E. Wagy	(Signed) (Si
Registrar.	(Apoless) Cambridge had
If more blanks are needed, address State Registrar, s	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Dete of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

infor- state	1. PLACE OF DEATH	CERTIFICATE OF DEATH ()4	076
ould occ	County Dorchester	Registration Dist. No	16
item of should of OCC	Village or City Cambudge	NoSt.,	War
S	Length of residence in city or town where deeth occurred_JQ_yrsmo	f death occurred in a hospital or institution, give its NAME instead of street and r	number)
Every CIANS ement	2. FULL NAME Many McCreaty	in one of the state of the stat	75u
	1 - 101 / +		
	(a) Residence: No. 2 0 0 (Usual place of ab/de)	St., Ward. If nonresident give city or town and	State
RECORD PHYSI Exact stat	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
h	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
	Semole Colored married	(Month) (Day)	, 193_Z
MANENT A C T L Y assified.	5a. If married, widowed, or divorced HUSBAND of		
MA A A assi	(or) WIFE of Marlin McCrendy	22. I HEREBY CERTIFY, That I attended buc 2 8 1931 to april 30	
A Exa.	6. DATE OF BIRTH (month, day, and year) Than 30 1869	(11)	2, 19.3.7
PE B	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 8:20 p.m.	; death Is sa
FOR B IS A PE stated E properly certificate	6 2 11 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
- 70	8 Trada profession or particular	Chronic Julmonans	Date of onse
ED HIS	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dubercularis	7
RESERVED G INK—THIS GE should be that it may be ons on back of	kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (manth and	Condivoscular Disease	1929
INK Sh it on I	10. Date deceased last worked et 11. Total time (years)		
REG I AGE that ons ons	this occupation (month end 1928 spent in this year)		
Z	12. BIRTHPLACE (city or town). East then Junket	Other Contributory Canses of Importance:	9 10-
GID AD ed. s, s	(State or country) Southerles Cv Md		3-10-
MARGJ UNFA supplied n terms, ee instru	13. NAME Henry Lee		
MARGIN H UNFADI supplied. in terms, se	13. NAME Henry Sec 14. BIRTHPLACE (city or town). East him market	Name of operation Date of	
E 50 60	(State of country) Schichister en That	What test confirmed diagnosis? Clinical Was there an a	utopsy?
X, WIJ carefull H in pl	15. MAIDEN NAME hancy Starley	23. If daath was due to external causes (VIOLENCE) fill In also tha following	
INLY, W be carefu EATH in important	16. BIRTHPLACE (city or town) Last her Hanket (State or country)	Accident, suicide, or homicide? Date of injury	, 19
PLAINLY onld be ca FE EATH	(State of Country) Dependence of Ma	Where did injury occur? (Specify city or town, county and State	5)
A BAR	17. INFORMANT Unit Hilahur (Address) 206 (Oaklas (+ Carala Ata)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
E TO THE STATE OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
F	Place Salem, Md. Date May 4, 1932	Natura of injury	
-WRIT mation CAUSE TION	10 HADEDTAKED LALIN'A) BOLLAND	24. Wes disease or injury In any way related to occupation of decaased?	222
LEOH	19. UNDERTAKER Sewis Sayremi (Address) Cambridge Md.	If so, specify	
f. M	101 1 - 1 - 1 - 1 - 1 - 1	11 months.	

Registrar.

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Example I		Example II	
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Arteriosclerosis MAY 7 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephrilis 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUREAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

V. S. No. 1 2

of infor-

	1. PLACE OF DEAT	H wirmin	PORPORETA		(35)
	County Dorch	ester		CIMITO 07	Registration Dist. No. 116
	Village or City		e, Md.,	(1	ND. Cambridge Md Hospital St., Ward fdeath occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city	y or town where de	eth occurred	/	sds How long in U.S. if of foreign birth? yrs mos ds
	2. FULL NAME A	my F. Me	eredith	1.	
	(a) Residence: No.	Toddv:	ille, N	[d.,	St., Ward. Torolle Ing If nonresident give city or town and State
1000	PERSONAL AND	STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3.		hite		RRIED, WIDOWED, D (write the word) TIED	21. DATE OF DEATH April Ist, (Day) (Yeer)
5е	. If married, widowed, or divording HUSBAND of (or) WIFE of	S. Mere	lith		22. JHEREBY CERTIFY, That I attended deceased from
6	DATE OF BIRTH (month, day,	and year)	4/3/18	370	I lest sew I/ alive on
1	AGE Years	Months	Days	If LESS than	to heve occurred on the dete steted above, et 4 . I.5 Pm. M.
	6 I	II	28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
7	8. Trede, profession, or per	rticular		, 01	Date of onset
02	kind of work done, e SAWYER, BODKKEEP	ER, etc	Tone		aboves of night fugural Region
OCCUPATION	9. Industry or business in work was done, es SI	LK MILL,			stone my delarmina
000	ID. Date deceased last work		11 Total t	ima (yaers)	-
Ŏ	this occupetion (monty year)	th end	spa	nt in this	
					Other Contributory Causes of importance:
12	. BIRTHPLACE (city or town) (State or country)	Marylar	18		Chimio aptitis
ER	1	Todd	400		
H	9				mu
FATH	14. BIRTHPLACE (city or tow (State or country)	vn)Mary	land		Neme of operation
2	15. MAIDEN NAME				What test confirmed diagnosis?
MOTHER		R. F	Iorsema	n	23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following:
OM	16. BIRTHPLACE (city or tow (State or country)	YII)	ryland		Accident, suicide, or homicide?
17	INFORMANT Mrs W	illiam N	Meredit		Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
15	(Addrass) Toddville Md.				
	Place Toddvil	le, Md.,	Dete 4/4	/32.,19	Menner of Injury
19	UNDERTAKER Gran	ville S.	LeCom	pte.	24. Wes diseese or injury in any wey releted to occupation of deceased? 120
	(Address) Ca	ambridge	, Md.,		If so, specify
21	FILED Wer. 4	32	2.20	Volt	(Signed) M. [
1	/			Registrar.	(Address) Cambrilge Mrd.

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Arteriosclerosis R	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULPAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 yeor

STATE OF MARYLA	AND—CERTIFICATE OF DEATH (14078
1. PLACE OF DEATH	(Min)
County Dorchester	ORegistration Dist. No. ///
Village Dr City Cambridge	organter Thore state Hosp. St., W.
Landth of anidanae in aithe or town where doubt namerod	(If death occurred in a horpital or iostitution, give its NAME instead of street and number) The mos. / S. ds. How long in U.S. if of foreign birth?
Length of residence in city or town where death/occurredyrs	· + 0 . 0 0
2. FULL NAME Thilliaurus Y	neihill
(a) Residence: No. (Usual place of abod	e) St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, V OR DIVORCED (write	WIDOWED, ethe word) 21. DATE OF DEATH 319 2
5e. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND OF CONTROL WIFE OF	22. I HEREBY CERTIFY, That I attended deceased f
	Jordan 193/ 10 april 320-193
6. DATE OF BIRTH (month, day, end year)	I last sew holder elive on Up
	LESS then to heve occurred on the dete stete bove, at 4.30 A.m. Yhrs. The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence
	min. were as follows: Date of o
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	or Personal actions a large 100
(9, Industry or Dusiness in which	1 2
work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked et 11. Total time (ye.	Rory
O I this occupetion (month and spant in th	
yeer) 300 posupetion	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town)	Tresture of right hip. 110
(State or country)	100
13. NAME Jampson mite	nell
4. BIRTHPLACE (city or town) (Stete or country)	Neme of operation
	Whet test confirmed diegnosis? Wes there en eulopsy?
I	23. If deeth wes due to externel ceuses (VIDL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, sulcide, or homicide? Letter dand Date of Injury 10024, 193 Where did injury occur? Cambridge - Dorchester Co. 2
S. T. () St. A. A.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17, INFORMANT COLORS (Address)	the Bastern Share State Sospital
18. BURIAL, CREMATION, OR REMOVAL & Ore herry	Manner of injury Fell from chair
Plecelleren le interpret	D., 1932 Neture of injury tracture of right his
19. UNDERTAKER Holloway & Co.	24. Wes disease or injury In any wey releted to occupation of deceased?
(Address) Sulothon mo.	If so, specify
TOTO april 3 10.32 EEWolf	(Signed) Charles Lapiere
1	Registrar. (Address) Combrad II - maryls
If more blanks are needed, address S	State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and rel of importance were as follows: Arterioselerosis	ated causes Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	V ~ 1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
, BID5.	7 V. 5.		
Other contributory causes of import	ance:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

8

PLACE OF DEATH

04079 STATE OF MARYLAND

County Gorchester 28	CERTIFICATE OF DEATH
*	Registration Dist. No. 1/2
Village or City Village (No Yerlew, S, F	St; Ward) Or Rer St; Ward) If death occurred in a hospital or institution, give its NAME intended of street and amber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5 SINGLE, MARKIED, WIDOWED WARRIED OR DIVORCEB (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
May. 25 1895	that I last saw h alive on H
(Month) (Day) (Tear)	and that death occurred on the date stated above, at J.J. T.m.
37 yrs. mos. 28 ds. or min. ?	The CAUSE OF DEATH & was as follows: Tulmonary of Emironhage
8 OCCUPATION (a) Trade, profession or Faru Mork	7
(b) General nature of industry business, or establishment in	(Duration)yrsmosds,
which employed or (employer)	I A
9 BIRTHPLACE (State or country)	Contributory Secondary
HO NAME OF Richard Parker	(Signed) JP JULY M.D. 4/23 1923 Y(Address) / fullata M.d.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Comicidal
of MOTHER Frances Parker	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos da, State, yrs mos da.
14 THE ABOVE IS THE TO THE BEST OF MY MOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Namel Farker.	Former or usual residence.
(Address) Veense	Vilina Spril 2 41955
Filed Capri. 2.3 1932 Elizabeth & Graft.	46 Willoughly Jurlock

* wore blanks are needed, address State Registrar, 16 W. Saratoga St., Ballo., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Civil engineer, Stationary firemen, etc. But in many sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an worked on may form part of the second statement. er," etc., without more precise specification as Day Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Mousekeepers who receive a definite salary), may be entered as Housewije, Housework. or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the bisease cattsing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (refired c yrs.). For persons who have no occupation tion applies to each and every person, irrespective of Physician, Compositor, Architect, Locomotive engineer, additional line is provided for the latter statement; it The material Never return "Laborer." "Forcinan," "Manager," "Deal-Statement of Occupation -- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, cases, especially in Industrial employments, it is necesshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman. (b) Automobile factory. laborer, Farm laborer, Laborerwhatever, write None.

Standard of Cause of Death—Name, first, the pistase causing death—Name, first, the pistase causing death—Name, first, the pistase causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopheumonia ("Pneumonia"):

diseases resulting from childbirth or miscarriage as Examples: Accidental drowning; Struck by railway train-accident: Revolver wound of head-homicide; quences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory affection need not be causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report more symptoms or terminal symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure." "Haemorrhage," "Inanition." "Marasmus," "Old Age," "Shock," "Uraemla," "Weakness;" etc., when a definite disease Always qualify all State cause for which surgical operation was undertaken. For violent deaths state means of injust and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. ture of the injury. as fracture of skull, and conseunqualified, is indefinite); Tuberculosis of bungs, meninges, peritonacum, etc., Carcinoma, Sarcoma, etc., of use of "Tumor" for malignant neoplasms); Measles; (merely(name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) "PUERPERAL septicaemia," "PUERPERAL peritonitis," conditious, such as "Asthenia," "Anaemia" stated unless important. Example: Measles Poisoned by carbolic acid-probably suicide. can be ascertained as the cause. (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permaneting filed.



MARGIN RESERVED FOR BINDING

PHYSICIANS should state of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement EXACTLY. properly classified. certificate. stated CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of mation should be carefully supplied. TION is very important. STATE OF MARYLAND—CERTIFICATE OF DEATH

04080

1. PLACE OF DEATH	Trem.		(46)	
County Dorcheste	er manage		Registration Dist. No	116
Village or City Cambridge	3	LIBITE ST	No. 128 Washington St.	Ward
			death occurred in a hospital or institution, give its NAME instead of streetds. How long in U.S. If of foreign birth?yrs	
2. FULL NAME Viols	a Parker			
(a) Residence: No. 128 T	Mashington (Usualplace	of abode)	St., Ward. If nonresident give city or town	a and State
PERSONAL AND STATIS	STICAL PART	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE Female Colored		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April (Month) (Day)	, 193.2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I atter April 26 , 19 52 , to April 29	
6. DATE OF BIRTH (month, day, and year)	Jan. 30, 1	906		32 : death is said
7. AGE Years Months 26 2		If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at _6: Q5 _Pm. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework			Peritonitis	Of of Oliver
work was done, as SILK MILL, SAW MILL, BANK, etc		ima (years) nt in this upation	Other Contributory Causes of Importance:	Josep Marie
	bridge yland.		Miscarriage	JAX !
13. NAME Scott Rober	ts		1/10 124	a suly
13. NAME Scott Rober 14. BIRTHPLACE (city or town) (Stata or country)	Maryland.	v	Name of operation and the state of the state	enter 1
15. MAIDEN NAME Eva Par	ker .		23. 11 Abay was que to external tause (10) trices and in allowing but	And Side
O 16. BIRTHPLACE (city or town)	Maryland.		Accident, stricide, or homicide Date of injury Where did injury occur?	10 F . (2)
17. INFORMANT Martha Ande: (Address) Cambridge,		7 * * * * * * * * * * * * * * * * * * *	Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLI	C PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md	• Date May	3 ,1932	Manner of injury	
19. UNDERTAKER Lewis Bayne (Address) Cambridge,	m Md.	. 1 0 / 4	24. Was disease or injury of any way related to occupation of deceased	PD
20. FILED. Apr. 30., 19.32.	E CL	Volf Registrar.	(Signed) (Address) (Address)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

WRITE TANLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD N. B.--Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact

MARGIN RESERVED FOR BIND

PLACE OF DEATH County Derakester		STATE OF I	
	(23)		Dist. No. 1/0
Village or City Near (cust) 2FULL NAME COMMA	(No. Mary)	St.: Ward)	(If death occurred is a hospital or institu- tion, give Its NAME in stead of street and number.)
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE C	OF DEATH
A A WID	GLE, RRIED, OWED, DIVORCED te the word) 16 DAT	E OF DEATH SI	(Day) (Year)
6 DATE OF BIRTH (Month)	, 10 //	I HEREBY CERTIFY, That I ast 2 1932. to fine last saw her alive on Just	nded the deceased from 1925 2
7 AGE 6/ yrs. 21 mos.	l day hrs. The CA	at death occurred on the date stated USE OF DEATH * was as follows:	above, at A 1 m
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	v work	(Duration Dors	Lyre. mos. de
which employed or (employer) 9 BIRTHPLACE (State or country)		tributory condary (Duration)	
TO NAME OF Show . C.	Junn. (Signed)	12 193 (Addices) Herry	M. D
OF FATHER (State or country)	Viole Acci	State the Disease Causing Death, ont Causes, state (1) Means of In dental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	1 MANGO 18 LEN	GTH OF RESIDENCE (For Hospitor Recent Residents)	tals, Institutions, Trans
OF MOTHER (State or Country)	Where w	vas disease contracted,	eyrsmosds
(Informant)	6		
(Address) Gast new	Market 10 Plan		april 4, 1933
Filed Opil 3 1982 Rolt 7	Hasting Registrar	Willoughly	M. Market
If more branks are needed	d, address State Registrar, 16 W.	Saratoga St., Balto, Requesting V.	S. No. 1. 7718

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fremon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write Nane. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a yrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile foctory. The material For persons who have no occupation single word or term on (b)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," Whooping inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by as fracture of skull, and consequences (c.g., sepsis, setanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal conding cough; Chronic valvular heart disease; interstitial nephritis, etc. The contributory FOR VIOLENT DEATHS State MEANS OF INJURY " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Committee 011 Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

of OCCUPA-

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING QF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied.

certificate.

See instructions on back of

important.

CAUSE TION

-WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE OF	DEATH	CORPORATE	1	
	County	Dorchester			Registration Dist. No. 116
	Village or City Cambridge, Md. (If			(10	No. Counting Mr. Montal St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of resid	dence In city or town where	e death occurrad	yrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds.
2	. FULL NA	ME Inf			
	(a) Resident	ce: No	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
	PERSON	AL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. 3	Male	4. COLOR OR RACE White		REFED, WIDOWED, D (write the word)	21. DATE OF DEATH April 10 ,193 2 (Month) (Oay) (Year)
5a.	If married, widow HUSBANO of (or) WIFE of	ed, or divorced			22. 1 HEREBY CERTIFY, That I attended deceased from April 10 19.32 to April 10 19.32
6. 1	DATE OF BIRTH (month, day, end year)	April 10.	1932.	last saw h im elive on April 10 19 32; death is said
	AGE Yea		Oays	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 7: 15 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
OCCUPATION	9. Industry or I work was SAW MIL 10. Oate decease this occup	rork dona, es SPINNER, BOOKKEEPER, etc	spa	iime (years) nt in this upation	Grensten Britt about 41/2 seems
12.	BIRTHPLACE (cit (State or coun	y or town) Cam ltry) Mar	bridge, yland.		Other Contributory Causes of Importance:
ER	f3. NAME	Wilmer P	rice Robbi	ns	
FATHER	14. BIRTHPLACE (State or	(city or town)country)	Maryland,		Nama of operation Oate of What test confirmed diagnosis? Was there an autopsy?
ER	fs. MAIDEN NAI	ME Willie Al	bbott		23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (State or	(city or town)country)	Maryland,		Accident, suicide, or homicide? Oate of injury, 19
17.	INFORMANT (Address)	Mr. Wilm	er Price R		(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMAT	ION, OR REMOVAL			Manner of injury
f9.		anders at			24. Was disease or injury in any way related to occupation of deceased?
20.	FILEO Copmi	1 1/, 1932	ERWOOD	Registrar.	(Signed) E E Walff M. D. (Address) & amb Bye had

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement EXACTLY. properly classified. certificate. AGE should be stated mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

MARGIN RESERVED FOR BINDING

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STATE OF MARYLAND-CERTIFICATE OF DEATH

6.	A	10	C.	0)
U	4	()	0	9)

1. PLACE OF DEATH	107-0
County Dorchister "THIR DORPORATE LIT	Registration Dist. No.
Village Dr City Cambridge	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) 2.7. ds. How long in U.S. If of foreign birth?
2. FULL NAME Othella Saunder	SECTION AND DESCRIPTION OF THE PARTY OF THE
(a) Residence: Np. Oak (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 7 , 193 7 (Month) (Day) (Year) -
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) They 28, 1734 7. AGE Years Months Days If LESS than 1 day,hrs.	I last saw h aliva on
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and spent in this	were as follows: Date of onset 4-/9-32
year) occupation 12. BIRTHPLACE (city or town) Carabalys (State or country)	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) Danville (State or country) Levelite De Told	Nama of operation Data of What test confirmed diagnosis? Clinical Was that an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was dua to external ceuses (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Wangh Competery Date afr 29, 1932	Manner of injury
19. UNDERTAKER 17 MSL Clack (Addiess) 308 Milion St. Cumbridge MA	24. Was disease or Injury In any way related to occupation of deceased? If so, specify (Signed) M. D.
20. FILEDOGIA. Registrar.	(Address) Cambridge

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dato of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage -	July 5,1927	Peritonitis	3 days ago
MAY 9 1000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1PLAC	E OF DEATH		STATE OF MARYLAND
CountyDorchester			CERTIFICATE OF DEATH
			Registration Dist. No. 112.
	ty Vienna, R	D. (No) ohn Frank Sellers	St.: Ward) (If death occurred a hospitul er institution, give its NAME is stend of street at number.)
		ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
a sex		B SINGLE, Widower. MARRIED, WIDOWED, OR DIVORCED (Write the word)	April 11th., 1932., 192 (Month) (Day) (Year)
6 DATE OF B	IRTH -		February 8" 1932 to April 7th., 1932
	Septembe:		
7 AGE	The last of	If LESS than	
	80 yrs. 6	mos. 20 ds. or min.	
business, or	country)	land.	Contributory Psostatitis, infection & Secondarygeneral infirmities of age.
10 NAME FATHE		ellers.	(Signed) Sluvard D. Farmfun M. April 11"1932 Adress) Vienna, Må.
I I I	THER	sylvania.	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MC		eth Dukes.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra-
13 BIRTH OF MC		land.	At place of death yrs mos ds. State yrs mos mos mos mos yrs mos mos mos mos mos mos mos mos mos mo
		ST OF MY KNOWLEDGE	if not at place of death?
	The second second second second	llers. (Son.)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(A	ddress) Vienna,	Md.	Steele's Neck, Dor., Co. April 13"192
Filed Ap	ril 11"0932.	Local Registra	Willoughby & Son. E. N. Market,
	If more branks are	needed, addross State Registra	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken er," et:., without more process and etc. Wom-laborer, Farm laborer, Laborer-Coal mine, etc. Womshould be used only when needed. As examples: (a additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary Joreman, etc. But in many the first line will be sufficient, e. g.. Parmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Never return 'Laborer,"": Foreman," "Manager," "Dealworked on may form part of the second statement. Statement of Occupation-Precise statement of oc-Physician, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Compositor, Architect, Cotton mill; (a) For persons who have no occupation (b) Automobile factory. Salesman. (b) factory. The Locomolive engineer material (Grocery)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosylnal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); (secondary or intercurrent) affection need not be inges, perilonaeum, etc., Carcinoma, Sarcoma, Chronic interstitial nephritis, Whoaping cough; unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid cause for which surgical operation was under-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory valirular heart Nomenclature Always qualify Measles; disease; etc., of of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the cartificate is permanently filed.

V. S. No. 1

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	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
	. Every iter	ICIANS sh	tement of	
,	RECORD	Y. PHYS.	Exact sta	
	RMANENT	XACTL	classified.	
	S IS A PE	stated E	properly	certificate
	INK-THIS	should be	it may be	on back of
	FADING	lied. AGE	ms, so that	structions
	WITH UN	efully supp	n plain ter	nt. See in
	LAINLY,	uld be care	DEATH !	TION is very important. See instructions on back of certificate.
	-WRITE F	mation sho	CAUSE OF	TION is ve
	B.			

17. INFORMANT _ (Address)

19. UNOERTAKER

(Address)

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

MOTHER

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 04085
1. PLACE OF DEATH	3
County Abscheeter	Registration Dist. No. 1/6
100000000000000000000000000000000000000	
	If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth? yrsmosds.
2. FULL NAME Infant The	nton
(a) Residence: No. (Versal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Il W ringle	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Upril 24-1932	I last saw haliva on
7. AGE Years Months Oays If LESS than I day, hrs. or min.	ween as follows:
9 Trade profession or eastiquies	Otill form - Date of onset
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (manh) and the state of the same of the state of the same of	Brech Moration in
11. Total time (years) this occupation (month and year) year) 11. Total time (years) spant in this occupation	primajara
12. BIRTHPLACE (city or town) (State or country)	Other Coatributery Causes of Importance:
13. NAME Charles a. Spenton	
13. NAME Charles A. Theuton 14. BIRTHPLACE (city or town)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Edua M. Digon 16. BIRTHPLACE (city or town) Mad	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?

Whera did Injury occur?

(Specify city or town, county and State)
Specify whether Injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased

If so, specify

(Signed) (Address) __

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AY 7 1932	July 5,1927	Peritonilis	3 days ago
BU WAT V &			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

04086

1. PLACE OF DEATH		<u> </u>	
County Downessen		Registration Dist. No. 115	
Village or City Teslung Gee		NoSt.,	
Length of residence in city or town where death or	ccurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Still &	w Summ	enso	
(a) Residence: No.	Usual place of abode)	St.,Ward If nonresident give city or town and State	Č
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended dece	
6. DATE OF BIRTH (month, day, and year)	18-1932	Hast saw h etclaring on Chr. 18, 1932; de	
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at. \\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	ats of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	ine	Suil birth	
kind of work done, as SPINNER, SAWYER, BODKKEFPER, etc. 9. tndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and		Perd Ulerin Gestation	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town) tosluing (State or country)	Erek,	Other Contributory Causes of Importance:	
13. NAME mange dalmaa	dramine e		
13. NAME More of alma a 14. BIRTHPLACE (city or town) Tislum of (State or country)	truck,	Name of operation	wifing
	a Rom	23. If death was due to external causes (VIDLENCE) fill in also the following:	7
15. MAIDEN NAME Blanche Nama Roma 16. BIRTHPLACE (city or town) Friling Crell, (State or country)		Accident, suicide, or homicide? Date of injury Where did injury occur?	., 19
17. INFORMANT Beauche Summ (Address) Fish	ma Creek ha	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, DR REMOVAL Place Sisteming Creek De	10 april 19, 1932	Manner of injury	
19. UNDERTAKER Monros Su (Address)	k. ma	24. Was diseese or Injury in any way related to occupation of deceased? On S	
20, FILED Strie 1919 32 James	Theale Registrar.	(Signed) James S. Made (Address) Brahmer Creek,	m. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N. B.-WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	145	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 8 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
			-
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

jo

TION is very important. See instructions on back

mation should be carefully supplied.

B.-WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH 14087

County Workhester, Md. M. Registration Dist. No. //	16
Village or City Cambridge No. Cambridge My Utaff St., (If death occurred in a horpital or institution, give its NAME instead of street and no	Ward
Length of residence in city or town where daath occurredyrs,mos. S ds. How long in U.S. If of foraign birth?yrsmos	
2. FULL NAME Edmund J. Smullen	
(a) Residence: No. Rhadesdale Most, Ward. (Usual place of abode) If nonresident give city or town and S	late
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
(Month) (Day)	193 7 (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cla Smullen 22. I HEREBY CERTIFY. That I ettended d 22. 1957 to a 1977 to	
6 24	death is said
7. AGE Years Months Deys If LESS than to have occurred on the date stated above, at \$ 30 m	
51 8 29 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and ralatad causes of importanca wara as follows:	
8. Trada, profession, or particular kind of work done, as SPINNER, Calvarer Diffuse Hemolyter,	Date of onset
- SANTEN, DUDNINGGI CH, OLC.	
9. industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, etc. 11. Totel time (years) this pecupation (month and 100/163) 11. Totel time (years)	
To Date dacased last worked et 11. Totel time (years) this occupation (month and 193 year) occupation Occupation	
12. BIRTHPLACE (city or town) — Classical Control Cont	
13. NAME Clych Amules 14. BIRTHPLACE (city or town) Delaware Name of operation with a winning aware Data of Confirmad diagnosis Press. Cultural Was there an au	221-32
15. MAIDEN NAME Ellen Pudgeway 23, If death was due to external causas (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 23. If death was due to external causas (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur?	
(Specify city or town, county and State) 17. INFORMANT (Addrass) (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE (Addrass)	E.
18. BURIAL, CREMATION, OR REMOVAL Reido Shave. Mennar of injury	
Place June Thicket Date May 2, 1932 Neture of injury	
19. UNDERTAKER 24. Was disease or Injury in eny way related to occupation of decaased?	v)
(Addrass) (Cambridge, Ind. If so, specify 20. FILED May 2, 19 32 Elloff (Signed)	
Registrar. (Address) Cambing	ml.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 7 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(If death occurred in

a hospital or institution, give its NAME Inof street and

.....yrs......mos....

DATE OF BURIAL

ODRESS

stead number.)

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. operly classifi St.: Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE MARRIED. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED 6 DATE OF BIRTH Instructions (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Durstion) ... which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER *State the Diseaso Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death yrs mos.ds. Where was disease contracted, OF MY KNOWLEDGE if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER

If more branks are needed, addrese State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

SKL

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

State cause for which surgical operation was undertelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by Committee on Nomenclature of the earbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, Examples: Accidental drowning; Struck by railway train-Whooping cough; (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory and consequences (e. g., sepsis,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AGE should be stated EXACTLY. PHYSICIANS should state AINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. See instructions on back of should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDING

-WRIT mation

V. S. No. 1 B

04089 STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF DEATH	1417 (14		TE-P
. County Dorchester,			Registration Dist. No. // O
Village or City Near Finchy	ille,		No. St., Ward
Length of residence in city or town where deat	h occurred		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Sto	cker,		
(a) Residence: No. Rhodes	tale t	red R. Z'.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. White.	OR DIVORCED	AFD, WIDOWED, (write the word)	21. DATE OF DEATH April 26th. 1982
5a. If merried, widowed, or divorced			(Month) (Day) (Year)
HUSBAND of (or) WIFE of Rose Stocks	er.		22. Chr. 26 1932 to the 26 1932
6. DATE OF BIRTH (month, day, end year) Mar	.I7th.	1880	I last sow h! M elive on Cyw. \$150, 1932; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date state above, at 3-P-m.
52 I	9	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8 Trade, profession, or perticular kind of work done, as SPINNER, DE SAWYER, BOOKKEEPER, etc	ay labo		Wester Pul monary
< 9. Industry or business in which	n farm.		Oldema, With.
Date deceased last worked at this occupation (month and year)	11. Total tin	ne (years) t in this pation	musey Appertension
12. BIRTHPLACE (city or town) (State or country) Hunga			Other Contributory Causes of importance:
13. NAME Jacob Sto	01.02,		
(State of country)	gart		Name of operetion
15. MAIDEN NAME NO	data		23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)		***************************************	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Joseph Stock (Address) Rhodesdale,		F.D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place J. Eder als bring, Illd.	Date Alari	284,1932	Manner of injury
19. UNDERTAKER J. T. Frampton (Addiess) Federalsb			24. Was disease or Injury in eny way related to occupation of deceased?
20. FILED 4/28 , 1932 Rolt	L. Has	tings	(Signed) W, C, Slavery M. D. (Ardress) Figuralding, Mad
If more blan	aks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 7 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURRAU V. S.	July 5,1927	Peritonitis	3 days ago
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state of OCCUPA-Exact statement RECORD. Every stated EXACTLY. A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS MARGIN RESERVED AGE should be mation should be carefully supplied. N. B.-WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			1030
County Dorchesles		Registration Dist. No. //	2
Village or City Viernes Length of residence in city or town where death occur		ND. St.,	
2. FULL NAME Stillburn (a) Residence: No. Vierna (Usu	Tillman mal place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	E, MARRIED, WIDOWED, (VORCED (write the word)	21. DATE OF DEATH (Month) (Def)	, 193 Z
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	100 /00=	22. HEREBY CERTIFY, That I attended 25, 1932, to	, 19
7. AGE Years Months DE O O	29 - 1932 ays If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above at	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Still buch of	D218 01 01801
12. BIRTHPLACE (city or town) (State or country)	. Total time (years) spent in this occupation	Other Contributory Causes of Importance:	
13. NAME Harry Tillman	1	-	
13. NAME Farry Illman 14. BIRTHPLACE (city or town) (State or country)	۷.	Name of operation Date of What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Marietta B 16. BIRTHPLACE (city or town) (State or country) Clabam	ellie	23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide?	, 19
17. INFORMANT (Father) Harry (Address)	Telliman,	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	nte) LACE.
18. BURIAL, CREMATION, OR REMOVAL of open Place Buried mith debus Date	april 29 , 1932	Manner of injury	***********
19. UNDERTAKER tamilya (Address)		24. Was disease or Injury In any way related to occupation of deceased?	
20. FILED May 2, 1922 Eligo	hether brake Registrar.	(Signed) Juleaul (Address) Juleaul (Address)	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ì	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY PHYSICIAN
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S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPAitem of infor 1. PLACE OF DEATH should Dorchester County__ Village or City_ Cambridge PHYSICIANS A PERMANENT RECORD. Every statement Benjamin W. Todd 2. FULL NAME (a) Residence: No. Dorchester County Md (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male Whi te Single classified. 5a. tf married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, end year) November 4 properly certificate Years Months Days tf LESS than 7. AGE I day, hrs. 5 22 or min. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... Jo Farmer Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may back Farmer Date deceased last worked at this occupation (month and year) II. Totet time (years)
spant in this unknow no that instructions 12. BIRTHPLACE (city or town) ___ Unknown-(State or country) Maryland ain terms, FATHER 13. NAME Benjamin Todd See 14. BIRTHPLACE (city or town) Unknown Maryland (State or country) be carefully in pla MOTHER important. 15. MAIDEN NAME Nancy Wallace Unknown CAUSE OF DEATH 16. BIRTHPLACE (city or town). (State or country) Marvland 17. INFORMANT E.S.S. Hospital Records mation should Cambridge ...d (Address) 18. BURIAL, CREMATION, OR REMOVAL PtaceGreenlawn CambridgeDate April 28, TION Cemetery Frank E. Albaugh 19. UNDERTAKER Cambridge. (Address) 20. FILED apr. 28, 1932

Ri	egistration	Dist. No	110
No. Eastern Shore Seath occurred in a hospital or institution, gr	ive its NAME	instead of stree	et and number)
8ds. How long in U.S. if of forei	gn birth?	yrs	mosds.
St., Ward.			
	f nonresident	give city or tow	vn and State
MEDICAL CERT	IFICATE	OF DEAT	ТН
21. DATE OF DEATH			
	pril 2	6.	, 1992 (Year)
(Mo	nth)	(Day)	(Year)
22. I HEREBY CI	ERTIF	Y. That I ett	ended deceased from
			, 19.32
last saw h_imative onApr			
to have occurred on the date steted ebox			
The PRINCIPAL CAUSE OF DEATH and			
were as follows:	Teleted Cause	s of important	Date of onset
Cerebral Arterio-s	cleros	is	Since.
			1915
Other Contributary Causes of importance			
Other Conditional Causes of Importance			
Name of operation			
What test confirmed diagnosis?		Was the	re an autopsy? No
23. If death was due to externel ceuses (V	IOLENCE) fii	t in elso the fo	llowing:
Accident, suicide, or homicide?		Date of Injury	, 19
Where did injury occur?			
Specify whether injury occurred in INDI	pecify city or	town, county a	nd State)
Specify whether injury occurred in ritor	331K1, 111 110	ML, VI III FUDI	TO PLACE.
Manner of injury			
Nature of injury			
24. Was disease or Injury in any way rela	ated to occup	ation of decease	ed?Na
tf so, specion (0)	y	40	
(Signed) Chur	les	Len	erry, D.
(Andress) Cambridg	e. Md.		
421 N. Charles Street, Baltimore, Requestin			

If more blanks are needed, address State Registrar, ;

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE RESERVE TO A STATE OF THE PARTY OF THE P			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

Exact statement

properly classified.

be

certificate.

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See instructions on back

TION is very important.

V. S. No. 1

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH TIME CORPORATE LINES	(P21)
County Dorchector	Registration Dist. No. 1/6
Village or City Combudge	No. backed Hotels Hotels, Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	ss. 2 ds. How long in U.S. if of foreign birth? / yrsmosds.
2. FULL NAME Juntha June (a) Residence: No. Blunch Break (Usual place of abode)	St., Ward. Manuface State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Reserved	21. DATE OF DEATH (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of Millian June	22. I HEREBY CERTIFY. That I ettended deceased from 1. 1972, to 1972
DATE OF BIRTH (month, day, and year) 706, 22 1877	I last saw here alive on
7. AGE Years Months Days / If LESS than	to have occurred on the date stated above, at 8. 80 A .m.
5-5- 1 14 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, There work SAWYER, BOOKKEEPER, etc.	with wellressen 1 1942
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	wier /
10. Date deceased last worked at this occupetion (month and 1932 spant in this 365)	
(State or country)	Other Contributory Conses of importance:
13. NAME Les Bereett	+
14. BIRTHPLACE (city or town) waryland (State or country)	Name of operation of the Received of the Was there an autopsy?
15. MAIDEN NAME Meany Dections	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
7. INFORMANT Res Grander Level	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION OR REMOVAL Place Berky Cemulery Date after, 11, 1932	Manner of injury
9. UNDERTAKER Lewis Bayrem, (Address) Cambridge MI.	24. Wes disease or injury in any way related to occupation of deceased?
10. FILED apr. 11, 1932 P.E. E. Wreff.	(Signed) B. H. Taeves M. D. (Address) Casus Bridge 200

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	· I		Example II	
The principal cause of death and of importance were as follows: Arteriosclerosis	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	THE PARTY	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AY 7	1921	Run over by street car	1 week ago
Cerebral hemorrhage	7 7 1932 J	uly 5,1927	Peritonitis	3 days ago
- 20	Fau v. s			
Other contributory causes of imp	oortanee:	J.	Other contributory causes of importance:	
Gallstones	A	Iny 1,1923	Gastroenteritis	1 year

of OCCUPA-

AGE should be stated EXACTLY. PHYSICIANS should state PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

04093

1. PLACE OF DEATH	949
county Dorchester	Registration Dist. No. 112
Village or City Near Vienna R. S. D.	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
1, 1, 1, 1, 1,	
2. FULL NAME SECTOR NV. OLICK	()
(a) Residence: No. Williams, Mrd. R.J., T (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wrave	21. DATE OF DEATH 2011 . ZOU . 1982 . (Year)
5a. If married, widowed, or divorced HUSBAND of Sallie Q. Juckett,	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) July. 14" 1875	I last saw h sees alive on africal 19 12 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5-25 P-m.
56 9 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and this programme).	augue Pachris
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Date deceased last worked at this occupation (month and year) spant in this occupation.	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importanco:
14. BIRTHPLACE (city or town)	Name of operation Deto of
(State or country)	What test confirmed diagnosis? Was there an au opsy?
15. MAIOEN NAME Source Sources 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide?
17. INFORMANT MM'S Sallie A Duckett	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Dierra trad Date Oh: 2H 1, 1932	Manner of injury
19. UNDERTAKER Statisanistom & Son (Address) Sieder abstrug und	24. Was disease or injury in any way related to occupation of deceased?
20. FILED april 21, 1932 Elizabeth W. Craft.	(Signed) William Exercel M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	To a second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephribs	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULLATT V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

04094

1. PLACE OF DEATH		(82.6)	,
County Doubistin	WITHIN OOK	Registration Dist. No.	6
Village or City	10 had	No. St	Ward
	/)	death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or town where death occurred_	yrsmos	ds. How long in U.S. If of foreign birth?yrs,	mosds.
2. FULL NAME ma Kati	: E. Un	phrie	
(a) Residence: No. 3Df Beloch	a an	St., Ward.	
	ce of abode) /	If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH	nd State
PERSONAL AND STATISTICAL PAR' 3. SEX 4. COLOR OR RACE 5. SINGLE, MA	ARRIED, WIDOWED,	21. DATE OF DEATH	
Finale White mas	CED (write the word)	Month) (Day)	, 193 2
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Veryl	nu	22. I HEREBY CERTIFY, That I attende	d deceased from
2 111	IEU)	i last saw has alive on Africa 18 1922	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys	If LESS than	to have occurred on the date stated above, at I.D. P. m.	er, death is said
Ca 2 11 2/	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance	
8. Trade, profession, or particular	ormin.	were es follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ne	Cerebral Softenino	1-/1/2
ndustry or business in which			1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (morth and			
	nl time (years) pent in this		5-
year) o	esupation	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town)			
	Th	Cerebral Opromore	1-27
13. NAME VIII VIIII 14. BIRTHPLACE (city or town)	mun		
(State or country)		Name of operation	1.
	,	What test confirmed diagnosis? Was there are	
		23. If death was due to external ceuses (VIOL ENCE) fill in also the following Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town) (State or country)	my '	Where did Injury occur?	, IJ
17. INFORMANT Mrs. 3 ing (Address)	fh:	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	-	Manner of Injury	
Place Reistrahrun M. Dete M.	my 3 ,1932		
19. UNDERTAKER Frank E. albangh &	ym Cook	24. Was diseese or Injury In any wey related to occupation of deceased?	no
20. FILED May 1 , 193 - 1 ESI	Nolff Registrar.	(Signed) Par II Thurses	- /s- M. D.
If more blanks are needee		- Control vice of Co	Mid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-I	ance !	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
No. of the last of			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Tong of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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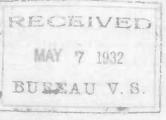
Example I	and the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis = CEIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 7 1932			
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

wore blanks are needed, address State Registrar, 16 W. Saratoga St., Baltoff

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salcsnun, (b) Grocery; (a) Foreman, (b) Automobile factory. The material er," etc., witnout more precise specification as Day -Coal mine, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken specifically the occupations of persons enstate occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (re-For persons who have no occupation Civil engineer, Stationary firemen, etc. But in many sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealgaged in domestic service for wages, as Servant, Cook, If the occupation has been changed or given up on account of the disease causing DEATH, cupation is very Important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of For many occupations a single word or term on the first line will be sufficient. e. g., Furmer or Plantor, Physician, Compositor, Architect, Locomotive engineer, cases, specially in industrial employments, it is neces-As examples: (a) Statement of Occupation-Precise statement of ocshould be used only when needed. laborer, Furm laborer, Laborerwhatever, write None. Housemuid, etc. fired ti yrs.). to report

Statement of Cause of Death—Name, first, the piserse causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tiphtoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia");



and qualify as Accidental, suicidal, or Homicidal, or as probably such, if impossible to determine Jefinitely. Poisoned by eurbolic acid-probably suicide. The nature of the injury, as fracture of skull, and conse-(e. g., scpsis, tetanus) may be stated under the head of "contributory," (Recommendations on statecause of death approved by Committee on (secondary or intercurrent) affection need not be eausing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal symptomatic), "Atrophy," "Collapse," "Coma," "Conrhage," "Inanltlon," "Marasmus," "Old Age," "Shock," "Uraemla," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERFERAL schlicaemia," "PUERFERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injust Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; mges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of use of "Tumor" for malignant neoplasms); Measles; Chronic interstitial nephritis, etc. The contributory (disease "Dropsy," "Exhaustion," "Heart failure," "Haemorunqualified, is indefinite); Tuberculosis of lungs, men-...... (name origln; "Cancer" is less definite; avoid (merely Nomenclature of the American Medical Association.) vulsions," "Debility" ("Congenital," "Senile," stated unless important. Example: Measles such as "Asthenia," "Anaemia" Whooping cough; Chronic valvular heart conditions, quences

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state

stated EXACTLY.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

certificate.

See instructions on back of

TION is very important.

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

-	A	10	0	Sept.	
0	6	83	14	4	
U	-A	1,1	0		

1. PLACE OF DEATH			(53)	
County Dorchester	Whin coare	BATE LIMITS *	Registration Dist. No. 116	
Village or City Cambridge,	Md.		No. St., St., f death occurred in a hospital or institution, give its NAME instead of street an	Ward
Length of residence in city or town whera	death occurred		sds. How long in U.S. il ol lorelgn birth?yrs	
2. FULL NAME James W	esley Wad	dell		
(a) Residence: No. 129 Vue	de Leau (Usualplace		St., Ward. If nonresident give city or town a	and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH April 13 (Month) (Day)	, 193 <u>)</u>
5a. Il married, widowed, or divorced HUSBAND of				
(or) WIFE of Mannie M	anning		22. I HEREBY CERTIFY, That I attend	ed deceasad 1rom
6. DATE OF BIRTH (month, day, and year)	ept. 8, 1	845	I last saw him alive on affine 12 1931	
7. AGE Years Months	Days	If LESS than I day,hrs.	to have occurred on the data stated above, at 5 A. m.	
86 7	5	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	Date of onset
8. Irada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	I1. Total t	wyer ime (years) nt in this upation	Carcinoma (andlong gland)	tostom
12. BIRTHPLACE (city or town) (Stata or country)	Maryland.		Other Contributory Causes of importance: Valv. The at drawn	1930
II I3. NAME Collison Wad	dell			
14. BIRTHPLACE (city or town)	Maryland.		Name ol oparation Date ol	
(State of Country)			What test confirmed diagnosis? Was there a	n autopsy?
15. MAIDEN NAME Henrietta 16. BIRTHPLACE (city or town) (Stata or country)			23. If death was due to external causes (VIOLENCE) fill in also the lollow Accident, suicida, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Miss Nancy Wad (Address) Cambridge, M			(Specify city or town, county and S Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC	kate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md.		1 15 ,1932	Manner of injury	
19. UNDERTAKER Frank E. Alb (Address) Cambridge, M			24. Was diseasa or injury in any way related to occupation of deccased?	h
20. FILED apr. 14, 1952	ERLAN	A Registrar.	(Signed) 28W olff (Address) lambidge, und	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	application of the state of the	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis Y = C = 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
911 M			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND

HXS EX	County Worehester	(1) CERTIFICATE OF DEATH
ed.	County	Registration Dist. No. / / 0
EXACTLY y classifie cate.	Village or City Herloake (No.	St.: Ward) If death necurred in a hospital or institution, give its NAME institution of street and complex.)
NT RECC tated EXA roperly cla	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E S C +	S SEX 1 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
d b y be	Mole Colored MARKIED. Rugle Mole Colored Wibowed OR DIVORCED (Write the word)	(Month) (Day), 162 3 (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
PERM shoul it ma on ba	6 DATE OF BIRTH	17/1 1923 to 4/17 1923
	June 10 ,856	that I last saw h alive on 4/16, 192
IS AC	(Month) (Day) (Year)	and that death occurred on the date stated above, at
THIS IS A piled ACE ms so that instructions	7 AGE If LESS than	The CAUSE OF DEATH & wes as follows:
TH ms ins	about 2	Smility of arterior clean
Sup tern See	8 OCCUPATION (a) Trade, profession or	
- >= 1	particular kind of work.	
D 10	(b) General nature of industry business, or establishment in	(Duration)yrsmosde
Care H in	which employed or (employer)	Contributory
NF AT	(State or country)	(Duration)yremos d
I UN	10 NAME OF PATHER	(Signed) Maaring M. I
TH OF	seo palers.	4/19 1923 (Address) Hulers (Mc
tion a	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Honkeldal
NLY rma re o	of MOTHER Martha Wright	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
PLAII info	13 BIRTHPLACE OF MOTHER (State or country)	ients, or Recent Residents) At place of death yrs mos da. State, yrs mos da.
O E O	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
H 50	(Informant) Warred Walers	Former or usual residence
WELT WELT CIAM STATEMENT	(Address) Hurlian	The string my april 19.19.
7)	Filed 4/18 1982, Rolt & Hustings	John Willoughby Hurlock
	wore blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Regulating V. S No. 1.

Le note under "Myro" 7/14/32 authoriging

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at hegiuning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus: Farmer (refulness of various pursuits can be known. The queslaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the dutles of the ployed, as At "chool or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been chauged fired & yra.). For persons who have no occupation tion applies to each and every person, irrespective of For many occupations a single word or term on Physician. Compositor, Architect, Locomotive engineer, Givil engineer, Stationary firemen, etc. But in many cases, sepecially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman. (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealer," etc., witnout more precise specification as Day household only (not paid Housekeepers who receive a definite salary), may be entered as Houseveife, Housework, or At Home, and children, not gainfully em-Statement of Occupation -Precise statement of occapation is very important, so that the relative healththe first line will be sufficient, c. g., Farmer or Planter, whatever, write None.

Executing death—Name, first, the distribution of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typkoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Rronchadmannamenta, "Princhadmannamenta");

symptomatic), "Atrophy," "Collapse," "Coma," "Convulsious," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Hxhaustion," "Heart failure." "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraeuuia," "Weakness," etc., when a definite disease Always qualify all diseases resulting from childbirth or miscarriage as State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or Homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drouving; Struck by railway train-accident: Revolver wound of head-homicide; ture of the injury. as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on (secondary or intercurrent) affection need not be stated unless important. Example: Meastes (disease causing death), 29 ds.; Bronchopneumonia (secondconditions, such as "Asthenia," "Anaemia" (merely "PUPRIFERAL septicuemia," "PUERPERAL peritonitis," etc. nges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avold use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart discase; Chronic interstitial nephritis, etc. The contributory ary), 10 ds. Never report mere symptoms or terminal unqualified, is indefinite); Tuberculosis of bungs, men-Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. can be ascertained as the cause.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

County Dorchester Village or City Brookview No. St., (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. 2. FULL NAME Napolean Willin,	Ward
Village or City	
(If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurredyrsds. How long in U.S. if of foreign birth?yrsmos	
	ds.
2. FULL NAME Nacolean Willin.	
(a) Residence: No. Rhodeasdale, Nd. R.F.D. St., Ward.	
(Usual place of abode) If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
Male, White, S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Married, Marr	
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Cora V. Willin, 22. I HEREBY CERTIFY. That I attended decease many 1 1931, to April 21, 19	from
6. DATE OF BIRTH (month, day, and year) Nar. I3th. 1867 I last saw h Lan alive on Africa 20 1932 death	s said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 2-A-m.	
7I I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
2 Trade profession or postingly	onset
kind of work done, as SPINNER, Day laborer. and laborer.	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration denotes and the second last worked at this occuration denotes and the second last worked at this occuration denotes and the second last worked at this occuration denotes and the second last worked at this occuration denotes and the second last worked at this occuration denotes and the second last worked at this occuration denotes and the second last worked at this occuration denotes and the second last worked at this occuration denotes and the second last worked at this occuration denotes and the second last worked at this occuration denotes and the second last worked at the second last worked at this occuration denotes and the second last worked at this occuration denotes and the second last worked at the second last worked at the second last worked at the second last worked at the second last worked at the second last worked at the second last worked at the second last worked at the second last worked at the second last worked at the second last worked at the second last worked at the second last worked at the second last worked at the second last worked at the second last worked at the second last worked at the second last worked at the second last worked last w	
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
Other Contributory Conses of importance	
12. BIRTHPLACE (city or town) Dorchester Co. (State or country) Wa ny land	
Wal y Laint	
(State or country) Waryland. What test confirmed diagnosis Paraglegia Was there an au opsy?	203
15. MAIDEN NAME Wary Andrews, 23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Derchester Co. Accident, suicide, or homicide? Date of injury	
(State or country) Where did injury occur?	
17. INFORMANT Mrs. Cora V. Willin, Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Rhodesdale, Vd. R.F.D.	
18. BURIAL, CREMATION, OR REMOVAL	
Place Breekview, Md. Date Apr. 24", 32 Nature of injury	
19. UNDERTAKER J. T. Frampton & Soll. 24. Was disease or Injury in any way related to occupation of deceased?	
(Address) Federal Spurg, MC. If so, specify	
11/19 22 D J. T. Comed L. T. D.	84 D
20, FILED 47 h. 1934 Robert A. Registrat. (Address) Della Territoria	m. D.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can-be-secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of opilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
and AD1		•	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year